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From Quackery to Quality Assurance:
The First Twelve Decades of the
MEDICAL BOARD OF CALIFORNIA



Linda A. McCreedy
and Billie Harris



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**THE BOARD OF MEDICAL
EXAMINERS:
A 100-Year Search for
Professional Identity**



THE ESTABLISHMENT OF THE BOARD OF MEDICAL EXAMINERS 1876 - 1913

On January 24, 1848, James Wilson Marshall discovered gold while constructing a sawmill at Coloma on the American River. Not until May did the gold fever become virulent. By December 5, 1848, President Polk took official notice of the discovery and his words became the signal for a stampede. Marshall's discovery changed the course of California history as hundreds of thousands of gold seekers poured West. Some of the disappointed ones returned to the states, but vast numbers remained in the West, the majority in California, in particular in San Francisco.

When gold was discovered, San Francisco was a village boasting two hotels, two nearly completed wharves, and eight hundred and twelve persons. Early in the summer of 1848, the population shrank almost to zero — everyone had gone to the mines. But the City revived rapidly under the impetus of *hundreds of thousands of dollars in gold pouring in from the diggings*. Eighteen forty-eight saw the real boom with 40,000 argonauts avalanching upon the town. Whereas San Francisco had at least a *municipal existence prior to the gold rush*, several other communities owed their origin to it. Such were Grass Valley, Auburn, Placerville, Columbia, Sonora, Sacramento and Stockton.

Throughout the first decades of California's American period, growth and development were largely confined to the northern part of the State. Stimulated by the gold discovery, the north was where rapid population growth centered, where most of the city building, the lion's share of industrialization, most of the banking and merchandising, the main transportation improvements, the major innovations in politics and government, and the principal cultural advances took place.

Good doctors, for example, were rare and medicine was practiced by a variety of healers unchecked in their theories, methods, and prices.

Public services in expanding urban centers were unable to keep pace with population expansion and economic development. Good doctors, for example, were rare and medicine was practiced by a variety of healers unchecked in their theories, methods, and prices. But it was in Southern California that the quality of medical practice early became a prominent issue.

From the time of the American occupation, and particularly after the Gold Rush, California as a whole, and particularly the Southern portion, became the magnet that drew the physically weak and ailing from everywhere in the Eastern and Northern States and even from Europe. In a sense, it may be said that the original impetus to the development of Southern California, and of Los Angeles, came from the influx of health seekers. Indeed, Southern California in general rapidly became a vast tuberculosis sanitarium.

The counties south of the Tehachapi Mountains experienced modest but substantial growth: from 1850 to 1870, the population increased from 6,000 to 39,000. By the seventies, the south state was less beset by bandits and desperados; it was outfitted with improvements in transportation, particularly the railroad, and in accommodations. It had developed a number of new pursuits in which invalids or their relatives might find opportunity or employment.

At the same time, the medical profession was entering a phase in which a "healthy climate" was a favorite prescription. This combination of circumstances touched off a rush of health seekers which proved to be a chief dynamic for southern California development from the 1870s. The population jumped from 76,000 in 1880 to 325,000 in 1900.

The migration of thousands and then tens of thousands of invalids to Southern California was accompanied by a migration of doctors. In 1875, Dr. G. W. Linton, a well-traveled physician, remarked, "We in Los Angeles have a larger percentage of doctors in relation to the population than in any other city I know." One doctor, arriving in 1888 and looking about for a professional opening, had his hopes somewhat dampened when, on a single average block on Spring Street, he counted the signs of thirty-three doctors.

Inspection of the City Directory revealed the names of 165 doctors for a city of 70,000 inhabitants. The migration of physicians, and the experiences they gained in local practice with this bonanza of patients, stimulated medical advances. The opening of rest homes, convalescent homes,

and eventually sanatoria and hospitals specializing in tuberculosis and other maladies, relieved the chronically inadequate facilities and noxious conditions for semi-invalids.

The early doctors of Los Angeles, however, were hardly to be termed specialists. A prize exhibit of the versatility of early Los Angeles physicians is William Money, self-described as "astrologer, theologian, and physician." In 1855 he claimed to have treated 5,000 patients and lost only four cases. There was a high susceptibility to cults and fads and a great deal of quackery. The vogue of patent medicine was tremendous. Herbs, in particular, were given credit for the relief or actual cure of stubborn diseases. Fad diets for the curing of specific ailments were introduced by physicians.

The newspapers of these decades before 1900 were often blatant with advertised cure-alls, with quack doctors and quack remedies for very realistic and complicated diseases. There was Farak, the self-acknowledged "Wonder Worker" who made the blind to see, the lame to walk, who cured the sick, nervous, weak, dyspeptic, rheumatic, and paralytic, all by means of a "new system of medicine from Europe." The crucial element in his treatment appears to have been his "specific" medicines, which he declared "go straight to the diseased organs".

State public officials began to look seriously at the inadequacies of medical practice in California during the 1870s as part of the new consciousness of the social responsibility of government. In an attempt to impose basic regulation on the practice of medicine in order to ensure quality medical care, in 1876 the Legislature passed the first Medical Practice Act. The new law provided for the California State Medical Society to appoint a Board of Examiners consisting of seven members. Dr. James Simpson was elected the first President of the newly organized Board.

An Executive Committee was appointed, consisting of the four members residing in or near San Francisco: Drs. J. Simpson, H. Gibbons, C.M. Bates, and H.P. Babcock. Dr. H. Gibbons was appointed Corresponding Secretary and Treasurer. The three remaining members of the Board were Drs. J.F. Montgomery of Sacramento, H.S. Orme of Los Angeles, and L. Robinson of Colusa. Because of the amount of clerical labor involved with the Board's activities, it was decided to appoint a recording secretary from outside the Board, and Dr. W.A. Grover, an active member of the

There was a high susceptibility to cults and fads and a great deal of quackery.

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The first Board of Examiners' meeting was held in San Francisco on Thursday, June 29, 1876.

various medical organizations in the State, was chosen.

The principal regulations of the Board required that physicians holding diplomas or licenses exhibit them, accompanied by an affidavit of their authenticity, to any of the Board members. Practitioners who had never graduated nor procured legal licenses were required to present their names to the Board as candidates for examination. The granting of licenses could be done only at regular meetings of the Board. As meetings of the Board involved the State Medical Society in considerable expense, all unnecessary meetings were avoided. The Board held no meetings outside of San Francisco except for the purpose of examination, when meetings were held at Sacramento, Chico, and Los Angeles, according to announcement. The first Board of Examiners' meeting was held in San Francisco on Thursday, June 29, 1876.

Recognition and approval of the Medical Practice

Act by the various medical societies of the State representing the recognized medical theories of the day, and by practitioners, was slow in coming. The act's acceptance came after heated argument, public debate, and legislative changes molded a Board of Examiners satisfactory to the profession, and to the concerned public.

Conflicts over representation, power of appointment, and jurisdiction of the Board were divisive issues among the State's private medical societies. Many of the societies refused to recognize the Medical Practice Act, insisting that a Board appointed by the California Medical Society could not govern the quality of practice of systems of medicine not represented on the Board. For example, in 1876, the California State Medical Society of Homeopathic Practitioners initiated a legal scuffle for the recognition of its Board of Examiner's franchise and privileges. In order to end the conflict between medical societies over Board jurisdiction, the 1878 Legislature revised the Medical Practice Act to provide for three separate Boards of Examiners: a State Medical Society Board, an Eclectic Medical Society Board, and a Board elected by the Homeopathic Medical Society.

During the period between 1876 and 1901, the original Board of Examiners, and the three Medical Boards established in 1878, issued a total of 8,535 certificates to practice medicine at \$5.00 each, which represented an income of \$42,675. The costs of administration were extremely low, a fact which could have created a sizeable surplus in the Board's treasury to be used for the expansion

... the 1878 Legislature revised the Medical Practice Act to provide for three separate Boards: a State Medical Society Board, an Eclectic Medical Society Board, and a Board [of the] Homeopathic Medical Society.

of its activities.

Unfortunately, the Medical Practice Act required that at the end of each year all surplus funds of the Board be reverted to the State. The Board treasury remained depleted until the fees for the next examination were collected. This annual depletion of the treasury occasioned repeated assertions by Board members that lack of funds severely restricted the Board's ability to control the quality of medical practice.

In 1901, the Legislature repealed all prior Medical Practice Acts and enacted a new law consolidating the three Boards of Examiners into one nine-member Board consisting of five members elected by the State Medical Society, two by the State Homeopathic Society, and two by the Eclectic Medical Society. Only this new Board of Examiners could grant the right to practice medicine in California. The Board was authorized to issue licenses only to physicians and surgeons passing the written examination required of all applicants.

The fee for this written examination was raised to \$20.00 in an attempt to keep Board income in line with the increasing costs of administration. A salary of \$2,400.00 per year was now provided for the Secretary. Badly needed legal counsel and clerical assistants were employed. As in the previous Medical Act, all excess Board funds were to be turned over to the State at year's end. During this period, California was still overcrowded with unlicensed practitioners. Prosecutions, spasmodically conducted, proved a serious financial drain. Enforcement dragged as expenses rose above Board income.

But the most serious threat in the Board's struggle for acceptance and stability was the continuing issue of the right of specific medical societies to elect members to the Board. In July of 1903, Dr. D. A. Hodgehead, Dean of the College of Physicians and Surgeons, initiated proceedings in Superior Court to have the members of the Medical Board ousted from their civil servant status. The reason for this action, according to Hodgehead, was that the medical societies which elected representatives to the Board were private corporations and had no right to appoint public officials.

In 1902, when the Board refused to certify a large class from the Pacific Coast Medical College because it was a night school, the College took the Board to court. Judge Hunt

decided that since the Board had not been appointed by a governing power, it was not a responsible agency and, therefore, the court did not recognize its actions as state law. Eclectic and homeopathic physicians declared, in a 1902 *San Francisco Chronicle* article, that the Board had "exercised its sweeping power to injure them and to promote solely the interest of the allopathic school," and that they would seek redress by demanding the repeal of the 1901 law creating the Board.

"The object of the law is clearly to protect the public from being preyed upon by a class of unscrupulous professional charlatans whose knowledge of medicine and surgery is the merest sham . . ."

The constitutionality of the 1901 Medical Act was finally tested in the State Supreme Court in 1904. There the law was upheld, the Court stating the 1901 Act showed plainly that the main purpose was to admit no one to practice who had not passed the Board's examination, and that such regulations were for the general welfare and to protect the people from mistakes of incapable practitioners.

The court decision prompted a *Chronicle* editorial which declared,

The object of the law is clearly to protect the public from being preyed upon by a class of unscrupulous professional charlatans whose knowledge of medicine and surgery is the merest sham . . . If there is any fault to be found with the law in its present form, it is because its terms are not sufficiently stringent. The higher the standard of efficiency exacted of practitioners the better it will be for the medical profession and the public.

Another critical issue remained: did the examinations given by the Board actually aid in the selection of qualified physicians? A portion of the practicing medical profession had not yet agreed that examination was beneficial.

Peter Remondino, who felt compelled to voice his objections to Medical Board activities in book form, strongly condemned the examination system. According to Remondino, many competent physicians, skilled in hospital and surgical procedures, would fail a written examination because it emphasized information which a long practicing physician had no use for.

The paramount importance given to well-defined scholastic methods in the study of medicine, Remondino said, made the examination an unreliable gauge of the efficiency of the examinee. He also criticized the California Board's handling of examination procedures. His description of a

Board examination proctor reveals the intensity of feeling over the Board's expanding control.

He would charge down, to and fro, like a stamping Apache waving his old blanket, circling among the students employed at their desks; would peek over their shoulders, apparently to familiarize himself with their handwriting, and generally comport himself in the most disturbing manner, as if he were a rustic bucolic judge at a Kansas cattlefair moving around the exhibited steers.

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like a stamping
Apache waving his
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In September of 1902, the breach in the medical profession caused by the questions and results of the examinations of that year widened. The Board was accused of contriving "by means of particular examination questions" to pass as many as possible of the student candidates from Toland Medical College, the State University College, and Cooper Medical College. Professors from colleges with high failure rates on the examination complained that half the questions in the pathology section of the test were "catch" questions designed to trip up students who had not been warned ahead of time.

Dr. F. W. Harris of the College of Physicians and Surgeons circulated a petition to repeal the Medical Practice Act and establish a new law making the Board directly responsible to the governing power of the State. In defense, Board members insisted that to give the Governor appointment power over the Board would be to involve it in unnecessary politics and that difficult examination questions were needed to "save the people from incompetents".

The charges of unfairness, favoritism, and corruption against the Board by a large group of physicians were further intensified in September of 1902 by the "French question" given in the pathology examination written by Dr. Dudley Tait of the Board. Dr. Winslow Anderson, President of the College of Physicians and Surgeons and editor of the *Pacific Medical Journal*, felt that the question "Describe the characteristic lesions in Hanot's cirrhosis." was unfair.

The physicians in the dispute insisted they had never heard of Hanot and that his name did not appear in the current medical dictionaries. In response, Dr. Tait, and Dr. W. S. Thorne, another member of the Board, stated that the critics consisted of "rejected physicians and professors of disgruntled colleges," and that among them was a Dr.

Tiedemann, "an illegal practitioner, who formerly wore stripes at San Quentin". For those remarks, Tait and Thorne were hauled into court on charges of criminal libel against Tiedemann, and the well publicized court proceedings further scandalized the Board of Examiners and dissolved its credibility with the medical profession and the public.

To alleviate the situation, and to strengthen the Board's controlling power, in 1907 the Legislature proposed new reforms of the Medical Practice Act. The 1907 law provided for a composite Board of eleven members appointed by the Governor rather than the medical societies. Five of the eleven members were chosen from the State Medical Society, two from the Eclectic Society, two from the Osteopathic Society, and two from the Homeopathic Society. The Osteopathic system of medicine was a new licensing duty for the Board. Board duties were further broadened to include the power to decide which medical schools would receive "approval" in terms of the quality of their educational facilities.

The Board also was given the responsibility for fixing examination fees and employees' salaries. An increase in examination fees from \$20.00 to \$25.00 raised Board revenue slightly, but did not cover the rising costs of administration. Some of the county medical societies attempted to help the Board with investigation and prosecution duties through fund appropriations. Since the Board did not publish a directory of names of licensed physicians, it adopted one published by the California Medical Society, although it was not of particular value in determining whether an individual was legally entitled to practice.

From 1876 to 1913, the Board of Medical Examiners spent most of its energies fighting to establish itself as a legal entity with jurisdiction over the medical profession. It was a financially struggling commission dependent for its enforcement activities on contributions from medical associations. Investigation and prosecution duties lagged and the profession remained unpoliced.

Quacks and specialists operated openly in California's major cities. Telephone directories and advertising media were filled with announcements of self-asserted specialists of reknown who practiced, defiant of public welfare. Although the powers of the Board were developing and expanding, they remained weak due to finances and the continual crises over Board legality and jurisdiction.

From 1876 to 1913, the Board of Medical Examiners spent most of its energies fighting to establish itself as a legal entity with jurisdiction over the medical profession.

THE DEVELOPMENT OF THE BOARD'S PUBLIC WELFARE ACTIVITIES - 1913-1950

In 1913 the Medical Practice Act was amended again to provide for a Board of Medical Examiners consisting of ten members, to be appointed by the Governor for a period of four years. This Board functioned as the sole medical regulatory agency until 1922 when the osteopaths and chiropractors succeeded in passing voter initiative acts. The initiatives authorized creation of a Board of Osteopathic Examiners and a Board of Chiropractic Examiners, each assuming jurisdiction and administering all matters pertaining to their respective schools.

The original 1913 Board of Medical Examiners consisted of Drs. W. W. Vanderburgh, Harry E. Alderson, both of San Francisco, Fred F. Gundrum of Sacramento, H. V. Brown, Robert A. Campbell, William R. Malony and D. L. Tasker of Los Angeles, H. Clifford Loos of San Diego, S. H. Buteau of Oakland, and Charles B. Pinkham of San Francisco who acted as Secretary for the Board. From its beginning in 1913, the new Board gradually developed from a financially struggling state commission, barely self-sustaining, into an organization nationally recognized as outstanding in its administrative activities. The Board was so well funded that by 1932 it had contributed \$40,000.00 to the establishment of a State Medical Library.

An immediate challenge was made on the constitutionality of the 1913 Medical Practice Act. P. L. Crane brought action against the Board in the U.S. District Court for prosecuting him as a drugless practitioner. The courts upheld the Act and denied Crane's injunction. In another case, a "Chinese herbist" was denied a writ of habeas corpus, which further sustained the constitutionality of the Act.

Regardless of the challenges and attacks, the new Board attempted to smooth the conflicts of past years in order to establish itself on a firm footing. In the introduction to the Board's first "Quarterly Report" (March 1914) Charles Pinkham emphatically stated:

The Board has no desire to establish itself as an arbitrary power, but on the contrary, it earnestly

This Board functioned as the sole medical regulatory agency until 1922 when the osteopaths and chiropractors succeeded in passing voter initiative acts.

wishes to bring about a spirit of cooperation with all practitioners. This body is administering a governmental function and feels that it must be responsive, promptly and efficiently, to all those who have any dealings with it.

Pinkham also outlined the public welfare responsibilities of the Board: (1) The certification of qualified practitioners; (2) the protection of the unwary from the wiles of the unscrupulous; (3) the offering of guidance to laymen as well as licentiates to promote better understanding of the law and the procedure connected with the medical arts. By 1916, the Board could report less conflict and unrest and more cooperation with members of the profession over licensing procedures and Board jurisdiction.

The enactment of the 1913 Medical Practice Act heralded a renaissance in finance. The most outstanding feature of the law was the creation of the Board of Medical Examiners' Contingent Fund in which all receipts were placed and used for administrative purposes rather than being turned over to the State at year's end. A revolving fund also was established out of which weekly expenses were paid. The provision for a reciprocity fee of \$50.00 further increased Board receipts.

In 1917, the Legislature developed another source of revenue in the form of annual registration.

In 1917, the Legislature developed another source of revenue in the form of annual registration. Convinced of the value of annual registration as a means of keeping accurate addresses of licensed physicians, as a method of control over discredited physicians, and as a ready reference to determine credentials, the Board established a \$2.00 annual fee. For a ten year period, from 1913 to 1923, the Board's surplus funds gradually increased, even though administrative costs rose as well.

Backed by a solid financial base and augmented revenues, the Board was able to expand its activities significantly. In 1916 the Board published its first directory which contained the names, addresses, and type of licenses held by all practitioners certified by the Board. It was sold for \$2.50 a copy. The Board also began to issue quarterly bulletins beginning in March of 1914. The purpose of the bulletin was to furnish information to the public on medical licensure, on the interpretations of the provisions of the law, and on the technical phases of the Board's work. The quarterly bulletin formed the basis for the Annual Reports which began appearing in 1914.

The Board finally was able to develop an active enforcement department. In 1913, enforcement personnel consisted of one chief counsel and two special agents, as well as attorneys for northern and southern California. By 1920, the department had increased to nine, composed of a chief counsel, an associate counsel, three special prosecutors, two special agents with two assistants, and the northern and southern California attorneys. In 1913, 26 cases of violations of the Medical Practice Act were handled by the Board's enforcement department. By 1922, the number of cases had jumped to 48.

In order to accomplish the responsibilities assigned to it under the Medical Practice Act, (and after 1937, The Business and Professions Code), the Board appointed committees with specific tasks at the annual meeting each year. By 1920, eight committees had been established:

1. Finance Committee — established budget system for the Legal and Investigation Departments.
2. Credentials Committee — met two weeks prior to each meeting of the Board to check over each application and license, and make recommendations to the Board.
3. Law and Education Committee — gave legal opinions and analyses on issues needing clarification and updating.
4. Reciprocity Committee — reported on requests by out-of-state practitioners for California licenses.
5. Review Committee — graded examinations.
6. College Investigating Committee — investigated and reported on medical colleges for the purpose of receiving approval by the Board.
7. Legal Committee of the North, and
8. Legal Committee of the South — investigated violations of the Medical Practice Act for revocation and prosecution.

Beginning in 1914, written examinations were given to physicians, surgeons and drugless practitioners four times a year at different locations in the State. From 1918 to 1949, the Board was issuing nine different classes of certificates based on these examinations, reciprocity, or credentials:

- Class A — Physicians and Surgeons, written examination
- Class BB — Drugless Practitioners, written examination

In 1913, 26 cases of violations of the Medical Practice Act were handled by the Board's enforcement department. By 1922, the number of cases had jumped to 48.

From 1918 to 1949, the Board was issuing nine different classes of certificates based on . . . examinations, reciprocity, or credentials . . .

- Class C — Physicians and Surgeons, reciprocity
- Class D — Physicians and Surgeons, government credentials
- Class E — Chiropodists, written examination
- Class CE — Chiropodists, reciprocity
- Class F — Midwife, written examination
- Class CF — Midwife, reciprocity
- Class G — National Board Certificates

After 1937, no new certificates were issued to midwives, and after 1949, drugless practitioners were no longer being licensed.

The requirements for applicants wishing to be examined in each class became more specific and rigorous over time as the Board made every effort to insist on high educational standards in California medical colleges, and standards which kept up with the advances in medicine. The Board defined and redefined the number of units, the types of courses, the number of years of internship, and the amount of laboratory work required for examination. Each class of applicants required a special set of examination questions, and each group of questions could be translated into a foreign language if the applicant requested.

In 1914, as a result of passing grades on the examinations, the Board issued 139 certificates for licenses within the various classes. By 1920 the number had risen to 712 and then dropped down in 1928 to 525. By 1933 the number of certificates issued had decreased again to 442. Thereafter, it continued to rise; 655 certificates issued in 1937, 759 in 1940, and 1,107 in 1944.

The problem of out-of-state physicians attempting to gain a license to practice medicine in California was a challenge during the early years of the Board. According to Secretary Charles Pinkham:

To the hospitable shores of California, attracted by the vast acreage of productive land, by the wonderful variety of climate and scenery, and by the ever courteous reception extended by her citizenry, flock our Eastern inhabitants . . . The Board must determine those migrating physicians who can be accorded the privilege of practicing medicine in California.

In 1915, progressive and rational standards had been established for the consideration of licentiates from other

states. The Board was empowered to enter into reciprocal relations, an exchange of the courtesies of licensure through the exchange of contracts with other states. Secondly, the law permitted California to issue reciprocity certificates to practitioners other than in medicine or surgery. Thirdly, applicants licensed in other states could take an oral examination as well as the clinical examination.

By 1920 Board Secretary Pinkham could report that California had established an "enviable reputation for the excellence of its educational standards and enforcement of regulations" as evidenced by reciprocal courtesies, unknown in 1913, that were extended to California by the examining boards of 25 states. From that point, the number of reciprocal courtesies grew until by 1945 they included all 48 states and United States territorial possessions.

Control over the qualifications of applicants to the Board was further extended when the Board began to put to use the provision of the Medical Practice Act requiring that an applicant for any form of certificate must be a graduate of a school approved by the Board. This power of approval ensured Board supervision over the regular course of medical study.

In April of 1915, the College Investigating Committee was appointed to thoroughly investigate the medical teaching institutions of California to determine which schools maintained a standard of efficiency meriting approval of the Board. The ultimate purpose of the Committee was to urge the maintenance of a high standard of professional education, ensuring the individual student access to adequately equipped laboratories, well-stocked libraries, an abundance of clinical material, as well as facilities for bedside instruction, as a foundation for the sane and successful practice of medicine.

In 1915, the Committee investigated, individually, all the California medical institutions of which it had knowledge, a total of 21 schools. Yearly investigations continued and expanded as an increasing number of schools were opened. In each case, the Board either approved the school, rejected it, or urged specific improvements in the school's curriculum and facilities before approval could be obtained.

For example, the original inspection of the College of Physicians and Surgeons of San Francisco demonstrated that the college buildings were inadequate, that the college clinic department was not well organized and supervised, and that the library was poorly arranged and equipped. No

In 1915, the Committee investigated, individually, all the California medical institutions of which it had knowledge, a total of 21 schools.

fulltime professors or assistants were employed by the College. The College Investigating Committee submitted a report to the College and to the Board on the improvements required before approval could be given.

In 1916 the Committee could report that "this college has made extensive and very satisfactory improvements in their facilities . . . Ample laboratory space . . . has been provided, and the work is well organized and supervised. The Faculty has been reorganized and fulltime and half-time teachers provided for the laboratory departments. An excellent library has been established and is available to the students at all times." The committee recommended temporary approval of the College of Physicians and Surgeons.

In inspecting the Rattledge System of Chiropractic Schools of Los Angeles, the Committee found that no material or essential change had been made in the organization and management of the school. "Your committee feels that any college wishing to conduct a teaching institution properly under the law . . . should endeavor to place the educational work of their institution on such a high plane as to be outside of any question of approval by this board." Rattledge School was not approved.

Before the chiropractic initiative recognized drugless methods as respectable, and gave an independent Chiropractic Board responsibility for licensing the drugless practitioner, the College Investigation Committee found the majority of the schools teaching various drugless systems to be deficient in meeting the required educational standards. Even after the 1922 initiative enactment, the Investigation Committee carefully watched the establishment of drugless schools.

The need for particularly cautious and detailed inspections of schools was caused by California's early corporation laws. The laws were so framed that any group of individuals could incorporate to conduct a medical institution, and without manifestation of faculty, equipment, or financial responsibility, issue diplomas which were of no benefit to the holder. Since no legal safeguard against fake schools existed, the Medical Board attempted to assert its power of approval to expose the "diploma mills" in California.

The job was long and tedious. According to Charles Pinkham, as long as the lax state laws permitted the incorporation of "sundown" institutions, traffic in fake diplomas would continue. For example, California's most notorious

Since no legal safeguard against fake schools existed, the Medical Board attempted to assert its power of approval to expose the "diploma mills" in California.

"incorporated" school was the Pacific Medical College of Los Angeles. The College Investigation Committee refused approval to the school and its diploma was never recognized by the Board. The College's avowed object was to furnish the degree of "Doctor of Medicine" by short cut.

Board investigators reported that alleged students of the College were at the same time students at the College of Osteopathic Physicians and Surgeons located on the opposite side of the street, and that Pacific Medical College diplomas were issued without attendance.

On the eve of threatened prosecution for fraudulent issuance of diplomas, the institution reported disincorporation proceedings in 1918. Evidently a surplus lot of diplomas remained on hand, for frequent reports from various states related possession of these diplomas by individuals who had never been in Los Angeles. Andrew Draser, a graduate of a California chiropractic school and a licensed drugless practitioner, testified before the California Medical Board that in 1920 he purchased a 1917 Pacific Medical College diploma for \$150.00.

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Between 1923 and 1925 a national "diploma mill" ring centered in Missouri was exposed by the *Saint Louis Star*. The exposé revealed the magnitude of the traffic in fraudulent medical credentials, diplomas, and state licenses. The *Star* reported that a clique of doctors in Missouri operated a nationwide clearing house for the sale of fraudulent medical documents. Nearly every state was touched by the scandal.

One of the main leaders of the ring had purchased fraudulent Pacific Medical College credentials in Los Angeles and distributed them to some three or four thousand persons throughout the United States. They became graduates of an institution which, in reality, never had a graduating class. Sporadic outbreaks of diploma mill epidemics continued to make newspaper headlines throughout the 1920s and 1930s. The crises occupied the Medical Board's constant attention as they attempted to investigate any credentials that might be fraudulent and to prevent profiteering in false documents.

In 1925 the Medical Practice Act was strengthened by the addition of a section empowering the Board to revoke the license of anyone found guilty of the purchase, sale, altering, or fraudulent use of any diploma in connection with the application for a license. The "Diploma Mill" Bill,

Board annual reports during the 1920s are filled with investigations of fraudulent credentials, and explanations of methods of recognizing fraudulent documents.

passed by the Legislature in 1927, made it a felony to file fraudulent credentials with the Board, with a penalty of one to three years imprisonment.

Armed with its new weapons, the Board began to take action against the use of fraudulent credentials in California. The *San Francisco Chronicle* reported a Board charge against a Pasadena physician who obtained his degree by hiring another man to take his examination in Georgia, and then obtaining a certificate to practice in California. Another physician was charged with having a fake high school diploma and with having purchased medical college credentials in California. Board annual reports during the 1920s are filled with investigations of fraudulent credentials, and explanations of methods of recognizing fraudulent documents.

The 1927 annual report, for example, demonstrates how the Board recognized an imposter, Agnes May Martin, who managed to obtain the full University of California transcripts of the legitimate doctor Alma Stevens Pennington, and then applied to the Board for a credential with these documents. The California Board helped the District of Columbia revoke the license of Harry Stewart Wittkopp. He had obtained a medical diploma from a defunct San Francisco Medical School which had no record of his attendance, and then had gained entrance to the District of Columbia examination with the false diploma.

But the Board was not always successful at punishing imposters. In 1928, the Board vigilantly watched the development of an organized diploma mill ring which proposed to supply diplomas from recognized medical schools and a state license to practice medicine for \$950.00. Board investigators arrested the leader of the ring, K. Higashi of Los Angeles, who confessed how he and his co-conspirators had planned the diploma mill ring while serving sentences at Leavenworth Penitentiary. Higashi was released on bail and fled to Mexico, where he remained at large.

The investigation of fraudulent credentials and diploma mills continued throughout the 1920s on a wide scale. The Board continually urged legislation to curtail the incorporation and operation of fraudulent institutions before public harm could be done. In the Board's opinion,

Our lax corporation laws permit a small number of individuals without demand as to educational qualifications to incorporate an asserted educational

institution under any euphonious name, obtain authority to issue degrees of all kinds and thereby obtain money from the credulous. . . . California unfortunately is one state where about three individuals with approximately \$12.50 to spend can incorporate any kind of a non-profit sharing college and issue any kind of a degree without molestation.

In 1928, the first College Incorporation Bill came into effect, which set standards for incorporation that could be met only by *bona fide*, responsible institutions. The Board noticed an immediate decrease in the incorporation of fly-by-night schools. In 1931 a second College Incorporation Bill was passed adding another check on schools granting professional degrees by requiring an annual report from each institution. These reports listed the names and addresses of its students, the courses of study offered, the names and credentials of the teachers employed, the degrees granted, and any other important education activities.

Although the "diploma mill" scandals were curbed dramatically by these controls, the problems of the spurious diploma wore on. In 1939 Secretary-Treasurer Charles Pinkham again urged strengthening of California's corporation laws. He noted that the worthy purpose of earlier legislation had been circumvented by the purchase of charters of defunct schools which permitted the establishment of a "University" for fraudulent purposes. Lax corporation laws permitted the granting of diplomas such as "Doctor of Cinesitherapy Manipulation" and "Doctor of Massage" by legally chartered one-man schools. The Board continued its vigilant efforts to halt issuing of diplomas without merit or value to either the student or the general public.

The problem of verification of diplomas and credentials was particularly difficult in the case of foreign medical school graduates. The problems of the verification of documents and quality of education of foreign medical school graduates grew over the years as the number of these graduates increased. The issue first drew the attention of the Board because of the large number of Americans, unable to qualify for the regular course of instruction in approved medical schools in the United States, who entered and completed their medical education at foreign medical schools.

The political turmoil in Germany and Russia at the close of World War I worsened the situation because of the

In 1928, the first College Incorporation Bill came into effect, which set standards for incorporation that could be met only by bona fide, responsible institutions.

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great influx of medical school graduates from these countries into the United States in search of a haven to practice. The Board experienced tremendous difficulty in obtaining satisfactory credentials from these graduates. Many of the Russians contended they were forced to flee, leaving everything behind, and were unable to secure documents evidencing their education from the Soviet Government.

The problem of spurious foreign documents became a difficult issue for the Board from the early 1920s on. Hamilton McClasky, for example, applied for the Board's examination in 1928 on the basis of a diploma from the Kansas City College of Medicine, one of the principal institutions involved in the 1924 diploma mill scandal, and one from the National University of Belgium. McClasky presented the Board with a diploma, a certification of course of study, and translations of the documents by the Belgian Consul, from this last institution. But despite this impressive portfolio of documents, the Board quickly proved that a National University of Belgium never existed. It was, and the documents were, frauds perpetrated by McClasky.

In 1933 the California Board adopted resolutions of the Federation of State Medical Boards in an attempt to conform with developing national standards for foreign medical school graduates. The resolution exacted of the graduates compliance with the same standards of premedical and medical education established by the Association of American Medical Colleges and Hospitals of the American Medical Association. An added requirement was that each foreign medical school graduate must also hold a license to practice medicine in the same country in which he received his medical education.

In 1936 California adopted a resolution by the American Medical Association resolving that in order to adjust the inequalities of medical education and to show knowledge of accepted medical practices, each foreign graduate should be required to present a certificate acknowledging the completion of one year's work as an intern before being admitted to the written examination. If the internship was not completed at a foreign medical school, then it must be completed at an American medical college under close supervision as a fourth year.

In 1939 foreign graduates were requested by the California Board to complete a fifth year post-graduate internship in a school approved by the Board. Beyond setting uniform standards for foreign medical graduates seeking to practice in California, the Board continued to review each

In 1933 the California Board adopted resolutions of the Federation of State Medical Boards . . . [for] national standards for foreign medical school graduates.

individual applicant in order to verify all credentials and to ensure continual standards of quality by all physicians licensed by the State.

Between 1913 and 1940, under the leadership of Secretary-Treasurer Pinkham, the Board established and developed a major campaign against the medical fakes, imposters, and swindlers who inhabited California's cities. In 1913, when Pinkham took over the secretariate for the new Board, any California city of any size contained a variety of quack and specialty offices which advertised openly and played on the innocence of the general public. A chain of quack "specialist" offices under the ownership of one small group operated in all of California's largest cities.

Los Angeles, in particular, was overrun with specialist offices and wax work museums of anatomy, a number of the offices being run by three individuals who operated a chain all along the coast. Immunity from punishment seemed to bless these large groups, while petty violators of the Medical Practice Act were harassed with persistent prosecution. It was the organized violators of the Medical Practice Act, adept at victimizing the public on a large scale, who became the main target for the Board's enforcement campaign. According to Pinkham,

Bitter was the fight. Threats were made to bludgeon our investigator. Mysterious nocturnal telephone calls sought to lure the administrative officer of the Board of Medical Examiners to various unfrequented parts of the City of San Francisco. . . . Gradually the fight was won. Editorials in our daily papers expressed the gratitude of the people of our State and a deluge of letters commended the Board . . . for their aggressive and successful campaign.

The *San Francisco Call* newspaper provided active support for the efforts to close down quack offices. Front page publicity written by a specially assigned reporter related the details of the campaign and vividly portrayed the stories of their victims. A daily "box" requesting those victimized to communicate with the *Call* produced a fund of otherwise unobtainable information in prosecuting offenders.

Each year the Board's annual report reflected its strenuous efforts to advance the standards of medical service furnished the State's citizenry and to protect the public from imposition. The Board's activities aroused nationwide attention. In 1925 the *Journal of the American Medical*

Between 1913 and 1940, . . . the Board established and developed a major campaign against the medical fakes, imposters, and swindlers who inhabited California's cities.

Association commented:

... during the last seven years the Board of Medical Examiners [of California] has conducted a thorough and continuous campaign against pseudo doctors ... the prosecutions have been quite successful ... from no other state during the last six or seven years have so many reports been received regarding the prosecution of illegal practitioners and the revocation of the licenses of physicians found guilty of criminal or illegal practice ...

Supported by an annual tax on licensed physicians, the Legal and Investigation Department of the Board grew from four to a force of ten individuals who devoted conscientious effort to discourage violation and encourage compliance with the law. Efficiency of operation required that California be divided by an imaginary line from the Nevada border on the east, through the City of Fresno and southwest through the City of San Luis Obispo. The Northern Department had jurisdiction above the line, while the district to the south was covered by the Southern Department with headquarters in Los Angeles.

A carefully devised system of records assured efficiency of operation and provided in the office of the Board Secretary an accurate check of the entire system of operation. Originally, when the special agent of the Board had secured satisfactory evidence of violations of the Medical Practice Act, the facts were presented to the local authorities on whom dependence was placed for the issuance of a warrant for arrest.

In 1939 legislation made the special agents peace officers themselves and eliminated this dependence. Court proceedings then began. If found guilty, the violator was fined, could be given a jail sentence, and was placed on probation during which time he could not practice medicine, or had his license to practice medicine revoked altogether. The Board continually urged stronger penalties for the objectionable medical methods practiced by quacks.

Some of the major targets of the Board's enforcement campaign during the 1920s were the "beauty specialists" — outlaw "face lifters", "peelers", and "fillers". These predators advertised in daily papers and inflicted irreparable damage on a large number of individuals who subjected themselves to the ministrations of these fakers in the hope of

Some of the major targets of the Board's enforcement campaign during the 1920s were the "beauty specialists" — outlaw "face lifters", "peelers", and "fillers".

delaying the inevitable marks of age. For example, permanent disfigurement resulted from "fillers" who injected a paraffin base all about the region of the wrinkles in an attempt to smooth the skin surface.

The victims were reluctant to admit their disfigurement and refused to testify in court against the filler quacks. Finally, the mother of a well-known stage celebrity in San Francisco who suffered almost complete ptosis (drooping) of both eyelids following a filler procedure, agreed to help the Board prosecute the San Francisco filler. Several other convictions, combined with the publicity given this case, closed down most of the fillers who haunted California's cities.

Another group in the "beauty specialist" classification were the "face peelers". The Board's 1927 annual report described the procedures followed in face peelings, varying from brushing the face with carbolic acid solution to the application of a paste composed of salicylic acid, biocloride of mercury, or some other equally dangerous poison. Absorption of the chemicals used caused numbers of deaths. Pressure from the Board of Medical Examiners finally forced legislative action to regulate the practice of cosmetology in California. The new law prohibited the application of carbolic acid by cosmetologists.

The notorious waxworks museums of anatomy finally closed their doors during the 1920s after a long and bitter battle with the Board of Medical Examiners and other State and federal agencies. Noisy automatic pianos attracted attention to the museums and to the "Admission Free" announcement. Inside would be found a pretentious display of life-sized wax figures depicting alarming disease conditions, all designed to frighten the visitor into consultation with the doctor.

In one of many cases, a "specialist" agreed to perform a varicocele operation in his office for a fee of \$12.50. When the specialist's cohort searched the victim's clothing during the operation, and found a bank book showing a \$115.00 deposit, the quack threatened to let the victim bleed to death unless he signed over to him a check for \$112.00. Extinct by the early 1930s, the wax work museums had plagued California for more than 40 years, and were suppressed only by a constant and vigorous campaign by the Board.

The Board also waged relentless warfare on the eyesight swindlers who, traveling in pairs, located some elderly person of means, suffering from failing eyesight. By a convincing sales talk, these fakers agreed for a large

... the procedures followed in face peelings, varied] from brushing the face with carbolic acid solution to the application of a paste composed of salicylic acid, biocloride of mercury, or some other equally dangerous poison.

payment in advance to absorb an allegedly fast-developing cataract. Mythical "radium water" was dropped into the victim's eye. By some sleight of hand manipulation, a piece of rubber tissue was made to appear as if taken from the victim's eye. This was displayed as the cataract which had been removed. The fee for this operation was as much as \$6,000.00.

The Board published warnings to the public in every newspaper in the State, and a comprehensive article written by the Board Secretary for the *Bulletin* of the Federation of State Medical Boards fully exposed the sales talk of these sharpers. Board annual reports were filled with the photographs, descriptions, methods, and investigations of the swindlers who continued to victimize older citizens of California into the early 1940's.

Cooperating with other licensing boards under jurisdiction of the Department of Professional and Vocational Standards, the Board of Medical Examiners presented an exhibit and display at the 1930 State Fair unique in its educational value. It graphically pictured the various frauds used by those who preyed upon the sick and afflicted. The exhibit included affidavits and reports on the harm caused by X-ray machines used to remove hair from the human body, a rogues gallery beneath a placard reading "Beware of Eyesight Swindlers", exhibits of fraudulent credentials seized by the Board. The purpose of the exhibit according to Pinkham was to carry a "warning message throughout the State that will be most helpful in guarding our citizens against such swindlers".

It was not only the quacks whom the enforcement department concerned itself with; licensed California physicians who preyed upon the public also came under its scrutiny. After a three year investigation, an abortion ring covering the entire Pacific coast was cracked in 1936. Hospital associations rackets felt the Board's wrath in 1933 and 1934.

Over a comparatively short period of time, the Board of Medical Examiners had developed its regulatory and enforcement powers to the extent of ridding California of some of the worst offenders and abuses in the medical profession. By the Board's efforts, the public welfare was made more secure and less open to the dangers of medical chicanery. Fully established as a powerful regulatory agency, the Board could now develop and continually modernize its organization in the hopes of staying abreast of the problems within the medical profession.

It was not only the quacks whom the enforcement department concerned itself with; licensed California physicians who preyed upon the public also came under its scrutiny.

ADMINISTRATIVE AND ORGANIZATIONAL CHANGE 1950-1976

Under Wallace W. Thompson, who served the Medical Board as Executive Secretary from 1953 to 1971, William Faux, 1971 - 1972, and Raymond Reid 1972 - 1976, the Board of Medical Examiners continued to fulfill its public welfare responsibilities, and to develop new methods of assuring quality medical practice in California.

The Board's first duty remained the examination for licensure. Board members themselves continued to prepare the written examination. One member was assigned to each of the following nine subject areas covered in the test: anatomy, physiology, bacteriology, biochemistry, obstetrics and gynecology, pathology, general medicine and therapeutics, general surgery, public health and preventive medicine. The written examinations were in essay form until 1953, when the Board decided to try objective, multiple choice type questions, in a number of subject areas.

Beyond examination for licensure, the Board continued to expand its role in the approval of medical schools, hospitals for the training of interns and hospitals for the treatment of narcotic addiction. It also focussed on consideration and approval of rules and regulations, hearing of accusations filed against licensees, and making suggestions to the Legislature concerning amendments to the *Business and Professions Code*.

THE ALLIED HEALTH PROFESSIONS

A number of new independent committees came under the Board's jurisdiction during the 1950s. Prior to 1957, the licensing of podiatrists was carried out directly by the Board of Medical Examiners but in that year the Podiatry Examining Committee was established. The Association of Podiatrists had petitioned for a licensing board of their own; however, the Legislature responded by authorizing a Committee under the Board. Comprised of five licensed podiatrists and one public member, the Committee received and approved applications, prepared and conducted examinations, and recommended to the Board those persons to be licensed.

The Board also has regulated Physical Therapists since 1953. At the time the Physical Therapists sought licensing, the members of the group could not reach agreement on the conditions under which they would be "blanketed" into licensure (licensed on the base of prior practice). This resulted in two forms of licensing, one for Registered Physical Therapists (RPT) and one for Licensed Physical Therapists (LPT). In the latter case, a Physical Therapy Examining Committee was established, comprised of three Physical Therapists, one physician, and one public member.

The distinction between the two groups of therapists is that the RPT was required to work under a physician, whereas the LPT could work independently, but could not diagnose. The LPT group had drastically declined by 1963 when the last examination was given.

In 1957 the Psychologist Examining Committee was created by legislation and although attached to the Board, was assigned the full range of functions normally exercised by an autonomous licensing board. The Legislature placed the committee under the Board's jurisdiction because of its reluctance to create new independent boards. However, according to the law, the Board of Medical Examiners must act "solely at the direction of the committee".

The Board also began to license Registered Dispensing Opticians, who could fill prescriptions issued only by physicians and surgeons. This was not conventional individual licensing, but a license to a person, partnership, or firm to do business at a particular location.

One of the most important functions of the Board continued to be the consideration of accusations filed against licensees who allegedly violated the provisions of the Business and Professions Code relating to the practice of medicine. The Code was continually developed and refined to cover the situations and violations which constituted grounds for disciplinary action, the denial of applications, and the suspension and revocation of licenses.

The consideration of disciplinary matters also was governed by the provisions of the Administrative Procedure Act (APA). According to the APA, the hearing of an accusation could be considered either by the Board, by a hearing officer sitting alone or, after 1965, by a District Review Committee. The decision as to how the case would be heard was originally made by a poll of the Board membership. During the 1950s the Board delegated this authority to the Secretary-Treasurer and the Executive Secretary.

One of the most important functions of the Board continued to be the consideration of accusations filed against licensees . . .

If the accusation was being heard by the Board, the Board went into executive session after the public hearing and determined whether the licensee was guilty or not guilty and if found guilty, it determined the penalty that was to be imposed. If a hearing officer heard the matter, (s)he made a proposed decision which was either accepted or rejected by the Board.

In 1965, District Review Committees were created as a new approach to exercise of discipline. Five Committees were established, each serving a defined geographic area of California. Each Committee consisted of five licensed physicians appointed by the Governor from panels of candidates nominated by the local medical societies, medical school deans, and the Board of Medical Examiners. The Committees heard disciplinary cases assigned to them, sitting with a hearing officer, and made a decision which was then proposed to the Board. The Board either accepted the decision or ordered a rehearing.

The same legislation redefined and increased the authority of the Board to take disciplinary action against licensees in areas other than those previously included under "unprofessional conduct". Offenses now included gross negligence, gross incompetence, gross immorality, dishonesty and corruption, any conduct that warranted the denial of a certificate, and mental illness. These types of cases were generally heard by a District Review Committee or by the Board itself. During the 1960s, the Board participated in approximately 20% to 25% of the total number of hearings.

The 1965 legislation also permitted the Board to revoke a license for certain acts such as narcotics use, which formerly could be done only after a court conviction on criminal charges. However, the legislative provision was not wholly satisfactory since an individual could still appeal the revocation to the courts and thus stay its execution.

There was a substantial similarity in the enforcement programs affecting all groups licensed by the Board of Medical Examiners for several reasons: the Board set general policy, the same staff served all the groups, and since all functioned in the field of the healing arts, the punishable offenses were the same. Commonly reported offenses involved improper use or prescription of narcotics and dangerous drugs, intemperance, illegal abortions, and practicing medicine without a license.

For example, in 1953, a Dr. M. Green was convicted of four counts of abortion and one count of moral turpitude.

In 1965, District Review Committees were created as a new approach to exercise of discipline.

Commonly reported offenses involved improper use or prescription of narcotics and dangerous drugs, intemperance, illegal abortions, and practicing medicine without a license.

Charles Price had his license revoked for intemperance to the extent of impairing his ability to practice medicine and surgery with safety. To understand the extent of the accusations heard by the Board, during 1965, 140 accusations were filed with the Board. Twenty-seven licenses were revoked. Forty revoked licenses were stayed with imposed terms and conditions of probation.

Legislation in 1976 introduced the concept of Continuing Medical Education, and required the Board to adopt standards for its reporting. Physicians would have to complete CME in order to renew their licenses.

THE BOARD OF MEDICAL QUALITY ASSURANCE: The Consumer Board

The Faculty in Exile Committee; A
Growing Backlog; Chiropractors
1986 - 1988

Under the regulations, chiropractors could perform physical therapy, "chiropractic perinatal care", enemas and colonic irrigation, and numerous other procedures.

In 1987, the Board of Chiropractic Examiners adopted regulations widely expanding the scope of chiropractic practice. Under the regulations, chiropractors could perform physical therapy, "chiropractic perinatal care", enemas and colonic irrigation, and numerous other procedures. The next year, the California Medical Association and the Physical Therapy Association filed suit to have the regulations overturned, and the Board joined into the suit.

In 1988, the judge in the suit issued a preliminary ruling overturning parts of the regulations, but the Chiropractic Association appealed the decision. Then, late in the Summer



THE MEDICAL BOARD OF CALIFORNIA: Reappraisal, Reform, Rebirth

**CONSOLIDATION OF REFORMS
1991 - 1992**

The Board's 1988 lawsuit against the Board of Chiropractic Examiners was finally resolved in 1991 (cf. page 48). Following extensive negotiations with BCE and the Physical Therapy Examining Committee, the Board approved a settlement which clarified that chiropractors are not permitted to practice medicine or physical therapy except to the extent permitted in the original chiropractic initiative act.